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CENTRAL FAX CENTERVIA FACSIMILE NO. (703)-³⁰⁵⁻³⁵⁹⁷~~872-9326~~

MAR 28 2005

PATENT
NEO01 P-101

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : James A. Shriver
Group : 3618
Applicants : Jason M. O'Krangley and David M. Kruithoff
Serial No. : 10/652,671
Filed : August 29, 2003
For : TRANSPORTABLE MEDICAL APPARATUS

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Dear Sir:

CERTIFICATE OF FACSIMILE TRANSMISSION

I certify that the following papers are being facsimile transmitted to the Patent
and Trademark Office on the date shown below:

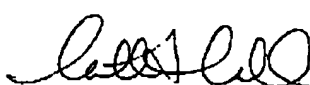
Claims as Amended Form (in duplicate);

Response to Office Action dated December 27, 2004; and

Copy of Transmittal of Formal Drawings.

YOU SHOULD RECEIVE A TOTAL OF 33 PAGES
INCLUDING THIS TRANSMITTAL.

Dated: March 28, 2005.


Catherine S. Collins
Van Dyke, Gardner, Linn & Burkhart, LLP
P.O. Box 888695
Grand Rapids, MI 49588-8695
(616) 975-5500

CSC:lmse
Enclosures

PATENT
NEO01 P-101

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : James A. Shriver
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Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above identified application.

The fee has been calculated as shown below:

CLAIMS AS AMENDED

Col. 1	Col. 2	Col. 3	Small Entity	Other Than A Small Entity
	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Add'l Fec
Total Claims	*23	Minus	** 27	= 0
Independent Claims	* 4	Minus	*** 3	= 1
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT				\$100.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

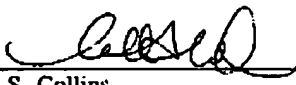
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. X Please charge the amount of \$100.00 and any additional fees or credit overpayment to Deposit Account No. 22-0190. A duplicate copy of this sheet is attached.

By: VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: March 28, 2005


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PATENT
NEO01 P-101

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CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*23	Minus	** 27	= 0	x \$25	\$.00	x \$50	\$.00
Independent Claims	* 4	Minus	*** 3	= 1	x \$100	\$100.00	x \$200	\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$100.00		\$.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3

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By: VAN DYKE, GARDNER, LINN & BURKHART, LLP

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(616) 975-5500

CSC:lmsc

VIA FACSIMILE NO. (703) 872-9326

**PATENT
NEO01 P-101**

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Dear Sir:

RESPONSE

In response to the Office Action mailed December 27, 2004, having a three-month period of response ending March 27, 2005, Applicants wish to amend their application as follows: